



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Hyperalimentation Health Care Providers

DATE:

SUBJECT: Proposed - Provider Manual Update Transmittal No. 58

REMOVE

Section	Date
202.000	10-13-03

INSERT

Section	Date
202.000	10-1-04

Explanation of Updates

Section 202.000 includes revised Hyperalimentation provider enrollment criteria. The parenteral nutrition provider must be licensed as a retail pharmacy by the Arkansas State Board of Pharmacy and provide proof of that licensure.

Effective October 1, 2004, the enteral nutrition provider is not required to be licensed as a retail pharmacy by the Arkansas State Board of Pharmacy. The requirement that the enteral nutrition provider be a Title XVIII, Medicare provider remains in effect.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

**202.000 Arkansas Medicaid Participation Requirements for
Hyperalimentation Providers****10-1-04**

Providers of parenteral and enteral (sole source) nutrition therapy services must meet the following criteria in order to be eligible for participation in the Arkansas Medicaid Program:

- A. The provider must complete a provider application (DMS-652), a Medicaid contract (DMS-653) and a request for Taxpayer Identification Number and Certification (Form W-9) with the Arkansas Medicaid Program. [View or print a provider application \(DMS-652\), a Medicaid contract \(DMS-653\) and a Taxpayer Identification Number and Certification \(Form W-9\).](#)
 - B. The provider of **parenteral nutrition** must be licensed as a retail pharmacy by the Arkansas State Board of Pharmacy. A copy of the provider's current Arkansas Retail Pharmacy Permit must accompany the provider application and Medicaid contract. The provider must maintain a current Arkansas Retail Pharmacy Permit while providing services in this program. Subsequent licensure must be provided when issued.
 - C. The provider application and Medicaid contract must be approved by the Arkansas Medicaid Program.
 - D. **Providers of both parenteral and enteral nutrition** must be enrolled in the Title XVIII (Medicare) Program to provide hyperalimentation services. A copy of the Medicare letter of verification must accompany the application.
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